



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BAPTIST HEALTH FLOYD

City of Hospital: New Albany

Year Begin: 09/01/2019 (mm/dd/yyyy format)

Year End: 08/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Mary Paul

Email Address: mary.paul@bhsi.com

Medicare Provider Number: 15-0044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$736387490
Outpatient Patient Service Revenue	\$906185758
Total Gross Patient Service Revenue	\$1642573248

2. Deductions From Revenue

Contractual Allowance	\$1343286305
Other Deductions	\$28971386
Total Deductions	\$1372257691

3. Total Operating Revenue

Net Patient Service Revenue	\$270315556
Other Operating Revenue	\$3114694
Total Operating Revenue	\$273430250

4. Operating Expenses

Salaries and Wages	\$88894361	Employee Benefits	\$24223594
Depreciation and Amortization	\$18589052	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$157376805
Total Operating Expenses	\$289083812		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-15653561	Total Assets	\$219307155
Net Non-operating Gains over Loss	\$1877486	Total Liabilities	\$3587776

Total Net Gains	\$-13776075
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$918056627	\$788015124	\$130041503
Medicaid	\$208575965	\$184597154	\$23978811
Other Government	\$18811891	\$16284938	\$2526953
Other State	\$0	\$0	\$0
Other Payers	\$497128764	\$383360476	\$113768288
Total	\$1642573247	\$1372257692	\$270315555

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2368	\$50729	\$-48361

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$3176	\$-3176
Community Education	\$0	\$143652	\$-143652

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	12604
Number of Citizens Exposed to Health Education Messages	21970

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4437261	
HCI Payments	\$0		
Subtotal	\$0	\$4437261	\$-4437261
Medicaid Shortfalls	\$23690986	\$34576243	
Subtotal	\$23690986	\$39013504	\$-15322518
DSH Payments	\$0		
Subtotal	\$23690986	\$39013504	\$-15322518
Medicare Shortfalls	\$129630357	\$144067848	
Other Government Programs	\$2454729	\$2814850	
Total	\$155776072	\$185896202	\$-30120130

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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